

CALIFORNIA DEPARTMENT OF EDUCATION  
Child Development Division  
CD-9606 (Revised: 02/04)

NOTE: When applicable, this form is to be completed and used with form, CD-9600.

# STATEMENT OF INCAPACITY (PARENT OR CARETAKER)

Please print or type information.

## PART I - To be completed by authorized agency representative.

**Instructions** In order for the child (or children) of a parent or caretaker to be eligible to receive child development services, the California Department of Education requires verification that the medical or psychiatric special needs of the parent or caretaker cannot be met without the provision of child development services.

PARENT(S) OR CARETAKER(S) NAME

Maria Vallejo

PARENT(S) OR CARETAKER(S) SIGNATURE

*[Signature]*

The parent or caretaker listed above has authorized us to contact you for such verification. Your cooperation in answering the questions and returning this form within two weeks to the agency listed below will enable our agency to establish eligibility.

AGENCY

Children of the Rainbow

AUTHORIZED AGENCY REPRESENTATIVE (Please print.)

Jasmine Jackson

TELEPHONE NUMBER

(619) 615-0652

ADDRESS

3078 L Street

CITY

San Diego

ZIP CODE

92102

## PART II - To be completed by a licensed professional.

NATURE OF INCAPACITY

Mother is hospitalized undergoing tx

PROBABLE DATES OF INCAPACITY

From

Aug 4, 2008

To

Sept 30, 2008

Does the nature of the incapacity prevent the parent or caretaker from caring for the child without assistance for at least some part of the day?

☒ Yes

☐ No

NUMBER OF HOURS PER DAY CHILD CARE REQUIRED

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

24h

24h

24h

24h

24h

24h

24h

Is hospitalization required at this time?

☐ Yes

☐ No

N/A

COMMENTS (Attached a separate sheet, if necessary):

Mother has been hospitalized for severe disease and continues to need hospitalization.  
Appropriate child care service

LICENSED PROFESSIONAL SIGNATURE

CABINIER

DATE

9/10/08

TELEPHONE

619-267-0222

LICENSE /CREDENTIAL TYPE

MD

LICENSE /CREDENTIAL NUMBER

AD45503

ADDRESS

3400 East 8th St Suite #107

CITY

National City

STATE

CA

ZIP CODE

91950